

Note: THIS APPLICATION IS FOR FIREFIGHTER TRAINEE POSITIONS ONLY.

Applicants for other positions should use City of Arlington e-recruiting.

Applicants for the position of firefighter should turn in both of the following documents:

**City of Arlington Employment Application for Firefighter Trainee and the
Firefighter Trainee Supplemental Information sheet.**

If you do not wish to fill out the supplemental sheet, please turn in the blank supplemental information sheet with the completed application to Workforce Services.

Please complete this application form entirely and deliver or mail to:

**City of Arlington Workforce Services – 101 S. Mesquite Street, Suite 790, Arlington, TX 76010
(817) 459-6869**



**Firefighter Trainee Position Only
Employment Application – September 1 through October 2, 2009**

Thank you for applying with the City of Arlington. The City is an Equal Opportunity Employer and does not discriminate in employment practices based on religious beliefs, race, color, national origin, disability, age or sex. Reasonable accommodation for disabilities in the application process will be made upon request. Please provide 48 hours advance notice. Because the City supports positive and healthy lifestyles, employees are not permitted to smoke or use tobacco products while on duty or at the work site.

If selected for employment, all information listed on the application and/or resume is subject to verification by the Workforce Services Department. If driving is an essential job function that cannot reasonably be accommodated without undue hardship, a driving record check, including commercial driver's license where applicable, must be passed. The selection process will consist of a written examination, physical agility test, panel interview and one-on-one interview with the Fire Chief. After a conditional offer of employment, a criminal history check, physical, psychological and drug and alcohol testing will be required prior to beginning work.

The information below is provided to explain how the application process works:

1. Fill out a Firefighter Trainee Position Only City of Arlington Employment Application (résumés may be attached), and mail to Workforce Services, 101 S. Mesquite Street, Suite 790, Arlington, Texas 76010, postmarked by 10/2/2009. DO NOT E-MAIL APPLICATIONS.
2. Eligible candidates will be mailed a **written examination information packet** upon receipt of the completed application. It is the responsibility of the applicant to ensure arrival for the examination at the time and date assigned. Examinees are also responsible for following instructions given in the packet.

**THANK YOU FOR APPLYING. WE APPRECIATE YOUR INTEREST IN THE
ARLINGTON FIRE DEPARTMENT**

Date ____/____/____		SSN* ____ - ____ - ____		Position _____	
Name (Last, First, MI) _____					
Address (Street, City, State, Zip and County) _____					
Home Telephone (____) ____ - ____		Alternate Telephone (____) ____ - ____			
Driver's License # _____		Class _____		State _____ Year Expires _____	
<p>Have you ever served in the Armed Services? <input type="checkbox"/> Yes <input type="checkbox"/> No – If "Yes", Branch _____</p> <p>Rank at Discharge _____ Dates of Services: From ____/____/____ to ____/____/____</p> <p>Type of Discharge _____</p>					
<p>Do you have charges pending or have you admitted guilt or been found guilty including Deferred Adjudication of committing felony or Class A or B misdemeanor? (Including offenses for which probation was granted, excluding minor traffic violations but including DWI.) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If your answer is "Yes," explain in the space provided, giving the dates and nature of the offense, the name of the court, and the disposition of the case. Answering yes may not automatically disqualify you, but a false statement or omission of information will. _____</p> <p>_____</p>					
<p>Are you related to any member of the Arlington City Council or any current City of Arlington employee? <input type="checkbox"/> Yes <input type="checkbox"/> No. If "Yes," who? _____ Dept. _____ Relationship _____</p>					
<p>Have you previously worked for the City of Arlington? <input type="checkbox"/> Yes <input type="checkbox"/> No. If "Yes," dates: _____</p>					

Education

<p>EDUCATION NOTE: Applicants may be required to provide copies of diploma, degree, transcripts, licenses, certifications and registrations.</p> <p>Circle highest grade completed: 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10 – 11 – 12</p> <p>Did you graduate/achieve GED? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>																								
Name & City/State/County of College/Trade School	Dates of Attendance	Major	Degree Received	Date Received																				
<p>If a license, certificate, or other authorization is required or related to the position for which you are applying, complete the following:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 25%;">License/Certification (Firefighter, EMT-I, etc.)</th> <th style="width: 15%;">Date Issued</th> <th style="width: 25%;">Issued by (state or other authority)</th> <th style="width: 15%;">License No.</th> <th style="width: 20%;">Location of Issuing Authority (city & state)</th> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>					License/Certification (Firefighter, EMT-I, etc.)	Date Issued	Issued by (state or other authority)	License No.	Location of Issuing Authority (city & state)															
License/Certification (Firefighter, EMT-I, etc.)	Date Issued	Issued by (state or other authority)	License No.	Location of Issuing Authority (city & state)																				
<p>Special skills/Qualifications: List all special skills you possess and machines or office equipment you can use, such as calculators, printing or graphics equipment, computer equipment, types of software and hardware, etc.</p> <p>_____</p>																								

Employment History

List all jobs (including military service) beginning with your most recent employer and going back at least 10 years.

Employer: _____	From ____/____/____	To ____/____/____
Address (include County): _____		
Phone (____) _____ - _____	Supervisor: _____	Ending Salary: _____
Position title: _____ Duties: _____		

Reason for leaving: _____ May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Employer: _____	From ____/____/____	To ____/____/____
Address (include County): _____		
Phone (____) _____ - _____	Supervisor: _____	Ending Salary: _____
Position title: _____ Duties: _____		

Reason for leaving: _____ May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Employer: _____	From ____/____/____	To ____/____/____
Address (include County): _____		
Phone (____) _____ - _____	Supervisor: _____	Ending Salary: _____
Position title: _____ Duties: _____		

Reason for leaving: _____ May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Employer: _____	From ____/____/____	To ____/____/____
Address (include County): _____		
Phone (____) _____ - _____	Supervisor: _____	Ending Salary: _____
Position title: _____ Duties: _____		

Reason for leaving: _____ May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Employer: _____ From ____/____/____ To ____/____/____
Address (include County): _____
Phone (____) _____ - _____ Supervisor: _____ Ending Salary: _____
Position title: _____ Duties: _____

Reason for leaving: _____ May we contact this employer? ☐ Yes ☐ No

Employer: _____ From ____/____/____ To ____/____/____
Address (include County): _____
Phone (____) _____ - _____ Supervisor: _____ Ending Salary: _____
Position title: _____ Duties: _____

Reason for leaving: _____ May we contact this employer? ☐ Yes ☐ No

I have reviewed the essential job functions and minimum qualifications for the position for which I am applying. I am aware that this application may be subject to public disclosure unless an exception under the Texas Open Records Act is applicable. I have read the statement regarding the city's smoking policy and understand that, if selected, I must adhere to this and all City policies.

The information in this application is accurate, complete, and is subject to verification by the City of Arlington. I understand that if I have given any false information in this application or if I have omitted any material facts, I may be disqualified from employment with the City of Arlington, or if hired, I may be discharged immediately upon discovery of such false statements or omissions. I authorize any person holding information on me related to my application to release it to the City of Arlington if so requested. I understand that the information provided by me may be used for the purpose of determining my eligibility. My previous employers may be contacted (unless otherwise noted by me). I hereby release, indemnify, and hold harmless any government entity, employer, and person furnishing or receiving records and information about me.

I plan to take the written exam on Saturday, October 24, 2009, at the following site:

- ☐ Arlington, Texas (location to be announced later)
☐ San Antonio, Texas (location to be announced later)
☐ Houston, Texas (location to be announced later)

Applicant signature _____ Date _____

Firefighter Trainee Supplemental Information

The information on this sheet is used for statistical reporting to various regulatory agencies and recruitment. This information will be kept separate from your application and will in no way be used in consideration of your application for employment. You do not have to complete this form.

Personal Data: *(Please print legibly)*

Name: _____ Social Security #: _____
Last First MI

Address: _____ Phone #: _____
City State Zip Code Birth Date: _____

Demographic Information:

The Equal Employment Opportunity Commission has determined the following ethnic and gender categories. Please indicate one of the following:

- | | | |
|---------------------------------|-----------------------------------|---|
| <input type="checkbox"/> Male | <input type="checkbox"/> White | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Female | <input type="checkbox"/> Black | <input type="checkbox"/> Native American/Alaskan Native |
| | <input type="checkbox"/> Hispanic | <input type="checkbox"/> Other _____ |

Education:

Indicate level of education completed:

- | | |
|--|---|
| <input type="checkbox"/> General Equivalency Diploma | <input type="checkbox"/> Associate's Degree |
| <input type="checkbox"/> High School Diploma | <input type="checkbox"/> Bachelor's Degree |
| <input type="checkbox"/> Some College - Hours completed: _____ | <input type="checkbox"/> Master's Degree |
| | <input type="checkbox"/> Ph.D. |

Referred:

How were you referred to the Arlington Fire Department?

- | | | |
|---|---|---|
| <input type="checkbox"/> AFD Recruiter | <input type="checkbox"/> Friend | <input type="checkbox"/> Fire Service Association |
| <input type="checkbox"/> AFD Job Announcement | <input type="checkbox"/> City Job Bulletin | <input type="checkbox"/> Relative |
| <input type="checkbox"/> Fire Academy Posting | <input type="checkbox"/> Texas Commission | <input type="checkbox"/> Internet Site |
| <input type="checkbox"/> Fire Dept. Association | <input type="checkbox"/> on Fire Protection | <input type="checkbox"/> Other _____ |

**Privacy Act of 1974 Disclosure.*

Authority: Arlington Fire Department, City of Arlington.

Purpose: Tracking of Recruitment Sources.

Routine Uses: SSN is used to identify and track applications.

Disclosure: Voluntary